

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
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8	/	/	/	/		
9	5	/	/	/		
10	/	/	/	/		
11	/	/	/	/		
12	/	/	/	/		
13	/	/	/	/		
14	/	/	/	/		
15	/	/	/	/		
16						
17	6	/	/	/		
18	/	/	/	/		
19	/	/	/	/		
20	/	/	/	/		
21	8	/	/	/		
22	/	/	/	/		
23	8	/	/	/		
24	/	/	/	/		
25	8	/	/	/		
26	5	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
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50	/	/	/	/		
TOTAL IND.			4			
TOTAL DEP.			12			
TOTAL CLAIMS			16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS